

You Might Be Eligible To Receive Help From  
The Supplemental Nutrition Assistance Program (SNAP) Within 7 Days!

If you are applying for any other assistance, such as cash or Medicaid, or if there are more than 4 people in your household including yourself, then you must complete a different application form.

Please write down the following information:

Amount you pay each month for rent or mortgage: 1)\$\_\_\_\_\_

Amount you pay each month for utilities: 2)\$\_\_\_\_\_

NOTE:

- If you pay at least \$1 for either rent or utilities, add \$683.00 on line #2 above. If you pay nothing for rent or utilities, add \$0.

Add #1 and #2 \$\_\_\_\_\_  
(Total for lines #1 and #2)

Total monthly income before deductions  
(FICA, Medicare premiums): 3)\$\_\_\_\_\_

Liquid assets 4)\$\_\_\_\_\_  
Liquid assets include: bank accounts, cash, and certificates  
of deposit, IRAs, Keogh plans, stocks or bonds.

Add #3 and #4 \_\_\_\_\_  
(Total for lines #3 and #4)

Now please answer the following questions:

1. Is the amount you pay every month for rent/mortgage and utilities (total of lines 1 and 2) more than the amount of money you make every month before you deduct deductions and liquid assets (Total of #3 and #4)?  
(Check One) ☐ Yes ☐ No
2. Is your household's total monthly income before deductions less than \$150 and your liquid assets \$100 or less?  
(Check One) ☐ Yes ☐ No
3. Are you a migrant or seasonal farm worker and are your assets less than \$100?  
(Check One) ☐ Yes ☐ No

If you answered "Yes" to any of the 3 questions on this page, you may be able to get your SNAP benefits (formerly called Food Stamps) within 7 days of the day you file your application at the regional office. Please fill out the attached application form and go to your local DSS office immediately to apply. If you did not answer "Yes" to any of the 3 questions on this page we still have to tell you if you eligible for SNAP within 30 days of the day you file your application at the regional office. Complete the application and mail it or bring it to your local DSS office as soon as possible.

Please remember to bring identification. This can include a driver's license or a birth certificate.

## DSS Regional Offices

Hartford Regional Office..... 1(855) 424-5581  
3580 Main Street, 06120

Manchester Sub-Office.....(860) 647 - 1441  
699 E. Middle Tpke., Manchester, 06040

New Britain Sub-Office.....(860) 612 - 3400  
30 Christian Lane, New Britain, 06051

Norwich Regional Office.....(860) 823 - 5000  
401 W. Thames St., #102, Norwich, 06360

Waterbury Regional Office.....1(866) 454-1108  
249 Thomaston Ave., Waterbury, 06702

Danbury Sub-Office.....(203) 207 - 8900  
342 Main St., Danbury, 06810

Torrington Sub-Office.....(860) 496 - 6900  
62 Commercial Blvd., Torrington, 06790

Middletown Sub-Office.....(860) 704 - 3100  
117 Main St. Ext., Middletown, 06457

Bridgeport Regional Office.....1(877) 551 - 2700  
925 Housatonic Ave., Bridgeport, 06606

Stamford Sub-Office.....(203) 251 - 9300  
1642 Bedford St., Stamford, 06905

Willimantic Sub-Office.....(860) 465 - 3500  
670-676 Main St., Willimantic, 06226

## Application for SNAP Benefits Only

The Food Stamp Program is now called the Supplemental Nutrition Assistance Program (SNAP).  
Do you need a reasonable accommodation or special help in applying for SNAP because you have a disability? ☐ Yes ☐ No  
If yes, what special help do you need? \_\_\_\_\_

\_\_\_\_\_  
Name: (First) (Middle initial) (Last)

\_\_\_\_\_  
Residential Address: (No.) (Street) (City) (Zip Code)

\_\_\_\_\_  
Mailing Address: (No.) (Street) (City) (Zip Code)  
(If different from residential address)

Telephone number where we can contact you or leave messages: ( ) \_\_\_\_\_  
Make sure that we have a number where we can reach you for your interview.

To file an application for SNAP, and set the beginning date of assistance, you need only write your name and address on the form, sign it and bring or mail it to the DSS regional office. Before we can tell you if you are eligible for SNAP, you must answer all of the questions on this application. Any responsible member of your household may sign the application form. The more information you provide now, the faster you will get your SNAP.

If I am eligible for SNAP, I will receive benefits starting the date this signed application is received in a DSS office.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. If I have knowingly given incorrect information, I may be subject to the penalties for false statements as specified in Connecticut General Statute Sections 53a-157b and 17b-97 and to penalties for larceny as specified in sections 53a-122 and 53a-123. I may also be subject to penalties for perjury under Federal law.

\_\_\_\_\_  
Applicant's Signature Date Representative's/Interpreter's Signature Date  
(If applicable)

If someone helped the applicant complete this form, this person must sign also.

\_\_\_\_\_  
Helper's Signature Date

\_\_\_\_\_  
Worker's Signature Date

Section 1. Household Composition						
List people for whom you are applying for SNAP: Be sure to include yourself too.						
Name	Relationship to Applicant	Date of Birth	Are you Hispanic or Latino?	Racial Origin Code(s) *	Social Security # **(optional if you are not applying for yourself)	Sex (Check one)
	Yourself				**	<input type="checkbox"/> M <input type="checkbox"/> F
						<input type="checkbox"/> M <input type="checkbox"/> F
						<input type="checkbox"/> M <input type="checkbox"/> F
						<input type="checkbox"/> M <input type="checkbox"/> F

\*Racial Origin Codes:                      A = Asian                      C = White                      N = Native American or Alaska Native  
 (Enter the letter for all that apply.)    B = Black or African Descent    P = Native Hawaiian or Other Pacific Islander

Are you married?   ☐ Yes    ☐ No    ☐ Separated (check one) If yes, name of spouse\_\_\_\_\_

Is anyone in your household age 60 or older, or a person with a disability?   ☐ Yes    ☐ No    (check one)  
 Who? \_\_\_\_\_

Does that person have out-of-pocket medical costs?   ☐ Yes    ☐ No (Check one)  
 Type of medical expense: \_\_\_\_\_ \$ \_\_\_\_\_/month    Date payment is due: \_\_\_\_\_

Have you or anyone in your household received SNAP in another state within the last 90 days?  
☐ Yes    ☐ No (check one)    Which state?\_\_\_\_\_

Does anyone else other than those you have listed on pages 2 through 5, live with you?   ☐ Yes    ☐ No  
 If Yes, complete below:

Name	Relationship to you	Does this person:	Amount person pays
		<input type="checkbox"/> Share expenses <input type="checkbox"/> Pay for room and meals <input type="checkbox"/> Buy and cook with you <input type="checkbox"/> Pay for room only <input type="checkbox"/> Buy and cook separately	\$_____per_____
		<input type="checkbox"/> Share expenses <input type="checkbox"/> Pay for room and meals <input type="checkbox"/> Buy and cook with you <input type="checkbox"/> Pay for room only <input type="checkbox"/> Buy and cook separately	\$_____per_____
		<input type="checkbox"/> Share expenses <input type="checkbox"/> Pay for room and meals <input type="checkbox"/> Buy and cook with you <input type="checkbox"/> Pay for room only <input type="checkbox"/> Buy and cook separately	\$_____per_____

SECTION 2. Authorized Representatives			
Do you wish to appoint someone to help you complete the application, get notices, shop for you, etc?  ☐ Yes    ☐ No (check one)			
Are you making this application as an authorized representative for someone?   ☐ Yes    ☐ No (check one)			
If you answered "Yes" to either question, complete the following section:			
Type of Representative:  ☐ Paperwork    ☐ Shopper      (Check all that apply)		Name:   Address:     Phone Number:	

<b>Section 3. Students</b>					
Are there any students (full-time or part-time) in your household over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If yes, complete this section.					
Name of Student	School/Program	# of Hours Per Semester:	Expected Date of Graduation:		
Tuition & Mandatory Fees	Is this student on a meal plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week? _____			
Does this student receive federally funded work-study? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If yes, how many hours? _____					
Does this student receive any educational grant(s), loan(s), and scholarship(s), including work-study? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, you must complete form W-1471 which asks more specific school information.					
<b>Section 4. Non-Citizen Information</b>					
Note: You only need to give us the citizenship information for people in your household for whom you are applying for SNAP. Please include yourself.					
If anyone in your household for whom you are applying for SNAP is not a citizen, please give the following information:					
Name	Country of Origin	Date of Entry Into U.S.	Date of Entry Into Connecticut	*USCIS Status and I-94 Registration #	Name, Address, Phone # and Relationship of Sponsor
*USCIS is the Department of Homeland Security, U.S. Citizenship and Immigration Services (formerly called INS, Immigration and Naturalization Service).					
<b>Section 5. Veterans</b>					
If anyone in your household is a veteran, or a spouse, widow(er) or child of a veteran, please give the following information:					
Household Member Name	Veteran's Name	Relationship to Veteran	Military Service Number	Veteran Administration Claim Number	

## Section 6. Income

Please list gross income (income before deductions) you or anyone else for whom you are applying for SNAP receives. Gross wages from employment, gross Social Security (including your Medicare Part B premium), SSI, pensions, annuities, disability benefits, Worker's Compensation, alimony, interest, Unemployment Compensation, dividends, rental property income, child support, etc.

Name of Person Receiving Income	Source (List name of employer if working)	Amount	Frequency of Receipt (Weekly, Monthly, Quarterly)	Day of Week or Month Received
Self		\$		
		\$		
		\$		

Total Gross Monthly Income (before deductions) \$

Have you or has anyone in your household quit a job within the last 60 days? ☐ Yes ☐ No

If yes, what is the name and address of the employer? \_\_\_\_\_

What was the last date you worked? \_\_\_\_\_

What was the date of the last paycheck you received? \_\_\_\_\_

## Section 7. Living arrangements and shelter expenses

Check one of the following that most clearly describes your type of living arrangement:

Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Live with someone else and not paying \_\_\_\_\_ / paying \_\_\_\_\_

Homeless \_\_\_\_\_ Rent a room (Meals included) \_\_\_\_\_ / (Meals not included) \_\_\_\_\_

Write in the amounts you are expected to pay each month for the following costs:

Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Condominium Fees \$ \_\_\_\_\_

Insurance for the property \$ \_\_\_\_\_ Real Estate Taxes \$ \_\_\_\_\_

Do you receive any type of rental or housing assistance, such as Section 8, HUD, or State Rental Assistance?

☐ Yes ☐ No (check one) If yes, amount you pay to the landlord \$ \_\_\_\_\_

Do you pay for heat? ☐ Yes ☐ No (check one) If Yes, what is your heat source? \_\_\_\_\_

Do you have an air conditioner in the home? ☐ Yes ☐ No Do you pay for electricity? ☐ Yes ☐ No

Does your landlord charge you extra for air conditioning or heat? ☐ Yes ☐ No (check one)

Did you receive a payment from the Energy Assistance Program during the past year at this address?

☐ Yes ☐ No (check one)

Do you plan on applying for the Energy Assistance program this year? ☐ Yes ☐ No (check one)

Do you pay for any of the following utilities: electricity, gas for cooking, trash removal, water, sewer, septic maintenance? ☐ Yes ☐ No (check one)

Do you pay a monthly phone bill (residential or cellular)? ☐ Yes ☐ No (check one)

If you rent, please give us the following information about your landlord.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Section 8. Fleeing Felons

People who are fleeing felons or violating parole or probation cannot get SNAP for as long as they continue to flee from law enforcement authorities. Are you or is anyone in your household a fleeing felon or violating parole or probation? ☐ Yes ☐ No If Yes, please explain.

### Section 9. Dependent Care

Do you pay someone to take care of a child or disabled adult so that you or someone in your household can work, attend training or look for a job? Does someone in your household do this? ☐ Yes ☐ No

Name (Who day care is for)	Cost per Week	Name and Address of Provider	Phone Number
	\$		
	\$		
	\$		

Does the State pay for your dependent care? ☐ Yes ☐ No If yes, how much? \$\_\_\_\_\_

### Section 10. Child Support Deduction

Do you pay court-ordered child support to someone who is not a household member for a child(ren) who is not a member of your household? Does anyone in your household? ☐ Yes ☐ No (check one)

If yes, complete one of the following sections for each person to whom you pay child support.

1) Name of household member who pays child support: \_\_\_\_\_  
Name and address of the person to whom you send child support payments: (If you make payments to a state, list the state and file number.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Payments to State: State: \_\_\_\_\_ File #: \_\_\_\_\_

Name and date of birth of the child(ren) for whom you pay child support:

<u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

What is the amount of child support that has been ordered by the court? \$\_\_\_\_\_

How often is support due? \_\_\_\_\_

How much child support do you actually pay each month? \$\_\_\_\_\_

Do you pay by having it withheld from your wages? ☐ Yes ☐ No (check one)

Please record the file number from your child support check stub. \_\_\_\_\_

## Asset Information

Complete this page only if your household's monthly gross income is more than the amount below for your household size. This is the total monthly income before deductions from page 4, Section 6.

Household Size	Household's Gross Monthly Income Limit (before deductions)
1	\$1,680
2	\$2,268
3	\$2,858
4	\$3,447
5	\$4,035
6	\$4,625
7	\$5,213
8	\$5,802

### ASSETS

List all assets owned by you or anyone in your household, or which are in your name or the name of anyone in your household even if owned by someone else. Examples of assets in addition to those listed below are: stocks, bonds, trusts, annuities, revocable burial funds, lump sum payments, and mortgages payable to yourself.

Asset Type	Owner	Acct./Policy #	Description	\$ Value
Cash				\$
Savings Account				\$
Checking Account				\$
Certificates of Deposit				\$
Other				\$

### TRANSFER OF ASSETS

Have you or anyone in your household sold, closed an account, traded, given away, or transferred ownership of any bank accounts, property, stocks, bonds or cash during the last ninety (90) days?

☐ Yes    ☐ No    (*Check one*)    If yes, what, when, to whom and for how much?



**Please Note:**

- We can do your interview over the phone. Ask your worker about this.
- You will use an EBT card to access your SNAP benefit. We will mail your EBT card to you with instructions on how to PIN your card.
- You must report or verify your actual household expenses. If you do not, the department will see that as a statement that you do not want to receive an allowable deduction for that expense, which may mean you will get less SNAP.
- By receiving SNAP, you may be automatically eligible to receive an Energy Assistance payment of \$1.00 even if you do not have to pay for heat. We will automatically issue this \$1.00 payment to you through your EBT card. This payment may allow you to get more SNAP benefits.

**Please Read Carefully:**

I swear that I and the other people for whom I am requesting benefits are either United States citizens or, in the event any of us are not, that the information I have provided regarding anyone's non-citizen status is true.

I understand and agree to the following:

- All information given on this form is subject to verification by federal, state, and local officials.
- Social Security numbers of all people in my household who wish to receive SNAP will be used to verify identity and eligibility. People who live with me but who are not going to receive SNAP do not have to give us their Social Security numbers. However, if they wish to do so it may be easier to verify their income and speed up the application process. Social Security numbers will also be cross-matched against certain federal, state, and local government files by computers. The department is allowed to request Social Security numbers based on the Food and Nutrition Act of 2008, 7 USC section 2025(e)(1) and 42 USC sections 1320b-7(a)(1), (b)(4); and Connecticut General Statutes section 17b-77.
- I must cooperate with state and federal personnel in a Quality Control Review.
- My application for and receipt of my SNAP is a registration for work for myself and all members of my SNAP unit who are required to register.
- If I break a SNAP Program rule on purpose, I am ineligible to get SNAP. The first time I break a rule I will be ineligible for one year. The second time I will be ineligible for two years. The third time I will be ineligible forever.
- If I am found guilty trafficking in SNAP of more than \$500, I cannot get SNAP again ever. Trafficking in SNAP means selling them instead of using them to buy food.
- If I am found guilty of buying illegal drugs with SNAP, I cannot get SNAP for two years.
- If I intentionally misuse an Electronic Benefit Transfer (EBT) card, I may no longer get SNAP. I may also be fined up to \$250,000 or sent to jail for up to 20 years or both. Misuse of an EBT card means altering, selling, or trading a card, using someone else's card without permission or exchanging benefits.

In accordance with Federal law and U.S. Department of Agriculture policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

Under state law you have the right to make a discrimination complaint if you think we have taken actions against you because of your race, color, religious creed, sex, marital status, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, learning disability or physical disability, including but not limited to blindness. You or someone representing you may write to or call one or more of these agencies to make a discrimination complaint: **Commissioner of the Department of Social Services, Attention Affirmative Action Division Director/ADA Coordinator, 25 Sigourney Street, Hartford, CT 06106-5033**, or call 1-860-424-5040 (TDD: 1-800-842-4524); **Connecticut Commission on Human Rights and Opportunities, 21 Grand Street, Hartford, CT 06106**, or call 1-860-541-3400 (TDD: 1-860-541-3459).

WORKER NOTES:

# **The Department of Social Services Offers Voter Registration**

The department wants you to have the chance to be active in the political process.

Congress passed the National Voter Registration Act (NVRA) of 1993 in order to make it easier for you to get and file an application to register to vote. The Department of Social Services can help you register to vote. That is why we ask you to answer the questions on the next page. These questions tell us about whether you are registered to vote. Please complete this form and return it to us with your application form.

If you are not registered to vote, you can apply to register with the department. You need to fill out an application to register. We sent an application to register to you with this application form or your worker gave you a form. If you did not receive an application to register to vote, please tell your worker. Your worker will get a form to you.

## DECLINING TO REGISTER TO VOTE

Connecticut General Statutes Sec. 9-230 states that state offices administering SNAP, Medicaid, WIC, Temporary Family Assistance, and offices providing state-funded programs primarily engaged in providing services to persons with disabilities must provide individuals with the opportunity to register to vote. This form must be completed with each application for service or assistance, and with each recertification, renewal, or change of address form relating to such service.

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

☐ Yes    ☐ No    ☐ I decline because I am already registered

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register will **not** affect the assistance this agency will provide.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours.

- If you are applying in person, you may fill out the application form in private.
- If you are applying by mail, call your worker. **A notice is included that has your worker's name and telephone number.**

If you fill out and sign the voter registration application, you can:

- leave it with your worker,
- mail it to us in the enclosed envelope or
- mail it directly to the registrar of voters in your Town Hall.

Declining to register to vote and the particular office at which you register to vote remain confidential and will be used only for voter registration purposes.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Agency Use Only

Voter Registration Form Completed: ☐ Yes    ☐ No    ☐ Already Registered

☐ Voter Registration Form given to applicant for later mailing (at applicant's request)

\_\_\_\_\_  
Agency Staff Name

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

-----  
(Tear Here and Keep)

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

State Elections Enforcement Commission, 20 Trinity Street, Hartford CT 06106,  
Phone: (860) 566-7106; TDD: 1-(800) 842-9710